

| DATE | TIME | DISC F.P.E. | NOTES SHOULD BE SIGNED WITH NAME AND TITLE |
|---------|------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1/13/85 | 1355 | USA | <p>⑤ "I'm going to cut myself every 5 mins. no matter what you do. I'm tired of all this shit. You can't stop me from killing myself. There is no good reason for me to live. You can put me in 4 pt. restraints but I will just bang my head on the metal bar." ⑥ I've used his sharpened fingernail to inflict multiple lacerations to his ⑦ forearm.</p> <p>⑧ Acting on suicidal impulses. Affect flat. Mood sad, depressed, hopeless.</p> <p>⑨ Placed in 4 pt. restraints per Dr. Korman. Haldol 10 mg. and Cogentin 2 mg. PO given @ 1350 per Dr. Korman. Continue to monitor on Level II.</p> <p>Robert Harris, RN, MSW</p> |

Boort/Bed

I try to motivate myself but each time my mind goes back to me having a life sentence and that just drowns every bit of positivity in me. I can't find not one thing to look forward to each day. I can't even pretend like everything is okay because it's not and I know so. I feel as though people are out to get me and it reeks my nerves which ^{is} pushing me over the edge. I try I don't just call it quits but I can't get myself going. I can't lie to you and say it's all well because it's not and I feel like trash. So please help me in anyway you can I will comply to any treatment.

Sincerely

A handwritten signature in black ink, appearing to be 'J. L. L.' or similar, written in a cursive style.

Received 11/11/05 - R. Davis, RN, MSW

Suicide Watch: Progress NoteDate: 1/12/05 Date Watch Initiated _____ Time: 1618**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self-harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☒ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

☒ Other symptoms/comments Affect and mood sad, depressed
Continues to state life is not worth living. Wishes
he were dead. Not considered a candidate for
SNV @ this time per MH team.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other No Paranoid schiz, No Paranoid PD.

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [redacted] Number [redacted] MH Clinician [signature]
 FCM 2004 [redacted] Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 11/10/05 Date Watch Initiated _____ Time: 1530**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments
 _____ SMI (Diagnosis)

☒ Other symptoms/comments affect only mood sad, depressed. Denies SI, HI. Overwhelmed by negative thoughts today. Focused on his life sentence.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other H/O Paranoid schizophrenia, H/O Paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day _____ level of risk. Continue to monitor on level III

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger _____ or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [REDACTED] Number [REDACTED] MH Clinician Robert Larcio, RN, MSW
 FCM 2004 _____

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 1/10/05 Date Watch Initiated _____ Time: 1031**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self-harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
 _____ Hopeless comments _____ Helpless comments
 _____ SMI (Diagnosis) _____

☒ Other symptoms/comments Denies SI, HI. Affect and mood good. Requesting to go to SNU. Want to be involved in program.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other No Paranoid schizophrenia, No Paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue to monitor on level III

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician Robert Davis, RN, MSW
Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 1/7/05 Date Watch Initiated _____ Time: 1605**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

☒ Other symptoms/comments asking to move across hall where it is quieter. Gets upset when other I.M.'s become agitated. Unable to contact for safety.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Acute Paranoid schizophrenia, Acute Paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue on level II.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger and/or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician Robert Davis, MD, MSW

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 1/6/05 Date Watch Initiated _____ Time: 1356**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) None

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
 _____ Hopeless comments _____ Helpless comments
 _____ SMI (Diagnosis) _____

- ☒ Other symptoms/comments Feeling better today. Asking to be involved in groups and programs. Requesting move to other hall to get away from other disruptive inmates.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other No Paranoia Schizophrenia, No Paranoia P/D.

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____

Number _____

MH Clinician

Robert Davis, RN, MSW

FCM 2004

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 1/5/05 Date Watch Initiated _____ Time: 0940**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments
 _____ SMI (Diagnosis) _____

- ☒ Other symptoms/comments Feeling hopeless, doesn't feel his life has any purpose. Would prefer to be dead. Affect and mood flat, depressed.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other schizophrenia, no paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
 FCM 2004 _____

Number _____

MH Clinician

Robert Harris, RN, MSW

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 1/4/05 Date Watch Initiated _____ Time: 1007**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self-harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments

SMI (Diagnosis)

- ☒ Other symptoms/comments Continues to feel hopeless & life sentence. Denies SI, HI @ present. Reports off and on thoughts of self harm or suicide. Asks about group therapy.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other Holzerianoid schizophrenia, Holzerianoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
 FCM 2004

Number _____

MH Clinician Robert Davis, MD, MSc
 Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 1/3/04 Date Watch Initiated _____ Time: 1420**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) None

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments
 SMI (Diagnosis) _____

☒ Other symptoms/comments Depressed, H.I.C. present but reluctant to thinking about it off and on. Says some days he feels "OK" but other days just wants to end his life.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other No paranoid schizophrenia, No Paranoid PD.

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue to monitor on level III

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger for increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____

Number _____

MH Clinician Robert Davis, MD, MSW

FCM 2004 _____

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12/30/04 Date Watch Initiated _____ Time: 0948**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments

SMI (Diagnosis)

- ☒ Other symptoms/comments Says there is no purpose for him to be on this earth. Frustrated w/ his life. Has no reason to live.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other No Paranoid schizophrenia, No Paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Continue to monitor on level III

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician Robert Harris, RN, MSW
Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12/29/04 Date Watch Initiated _____ Time: 1020**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
☐ Tearful/crying _____ Agitated/restless _____ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
☐ Negative comments about self _____ Negative comments about future
☐ Hopeless comments _____ Helpless comments
☐ SMI (Diagnosis) _____

☒ Other symptoms/comments reports taking medications as prescribed. Denies SI, HI. affect under mood flat today.

A: Current Diagnoses

- ☐ Major Depression _____ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other No Paranoid schizophrenia, No Paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [redacted] Number [redacted] MH Clinician Robert Davis, RN, MSW
 FCM 2004 [redacted] Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12-27-04 Date Watch Initiated _____ Time: 1400**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☒ Negative comments about future
☒ Hopeless comments ☐ Helpless comments

SMI (Diagnosis) _____

Other symptoms/comments _____

*I/m report has nothing to live for
 Cannot wait to get back to the state so he can do it.
 Losing rest of life in prison & hope for future & reason to live.
 Cannot suggest counseling as a means to cope/relieve thoughts & feelings related to me.*

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☐ Other _____

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate
FCM 2004

Number _____

MH Clinician _____

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/24/04 Date Watch Initiated 10/10/04 Time: 11:00AM**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☒ Sleep poor (< 5 hours or > 9 hours per day) *reports ④ nightmares*
☒ Eating adequately (≥ approx. 60% of meals) ☐ Eating poorly (≤ approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

Other symptoms/comments *"why are they playing with my medication?"*
"I'm not saying I'm paranoid I feel like someone is setting
me up for the kill". "They are going to kill me."

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other *NO paranoid schizophrenia / NO Paranoid PD*

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks ≤ 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate

FCM 2004

Number

MH Clinician

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12/23/04 Date Watch Initiated _____ Time: 1105**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) None

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
 _____ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
 _____ Hopeless comments _____ Helpless comments
 _____ SMI (Diagnosis) _____

☒ Other symptoms/comments Denies SI, HI. Affect and mood brighter. Taking all medications as prescribed.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other No Paranoid schizophrenia, No Paranoid PD

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
 _____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician

Robert Davis, Ed, MSW
Proprietary Information Not for Distribution

FIRST

CORRECTIONAL

MEDICAL

FIRST CORRECTIONAL MEDICAL, INC.
PSYCHIATRIC PROGRESS NOTE

NAME: [REDACTED] SBI #: [REDACTED] DATE: 12/22

SUBJECTIVE: EVENTS NOTED

Pt doing much better. More pleasant and cooperative. Reports of paranoia - though admits to not being able to trust.

OBJECTIVE: Mental Status Exam:

Level of Consciousness: ☒ Awake ☒ Alert ☐ Drowsy ☐ Lethargic ☐ Stuporous ☐ ComaOrientation: ☒ Time ☐ Place ☐ PersonAppearance: ☒ Well-groomed/Dressed ☐ Well-nourished/developed ☐ Disheveled ☐ Weak ☐ CachecticBehavior: ☒ Calm ☒ Cooperative ☐ Agitated ☐ Uncooperative ☐ Restless ☐ Hyperactive ☐ Slowed☒ Good eye contact ☐ Poor eye contact ☐ Bizarre ☐ Irritable ☐ AIMSSpeech: ☐ Normal ☐ Slurred ☐ Loud ☒ Soft ☐ Pressured ☐ Slowed ☐ MonotoneMood: ☒ 27Affect: ☒ Appropriate ☐ Inappropriate ☐ Flat ☐ Blunted ☐ Constricted ☐ Depressed☐ Angry ☐ Euphoric/Expansive ☐ Fearful ☐ AnxiousThought Process: ☒ Goal-directed ☒ Coherent ☐ Logical ☐ Incoherent ☐ Illogical ☐ Looseness of Associations☐ Flight of Ideas ☐ Tangential/Circumstantial ☐ Thought BlockingThought Content: ☒ Appropriate ☐ Racing thoughts ☐ Poverty of thought ☐ Suicidal ideations ☐ Homicidal ideations☒ CAN/CANNOT contract for safety ☐ Delusions: describe (1)☐ Thought Broadcasting ☐ Thought Insertion ☐ Thought Control ☐ Ideas of Reference ☐ Paranoia (1)☐ Obsessions ☐ Compulsions ☐ Phobias ☐ Preoccupations describe: (1)Perceptual Disturbance: ☒ NONE☐ Hallucinations ☐ auditory ☐ visual ☐ tactile ☐ others ☐ IllusionsAbstraction: ☐ Appropriate ☒ Concrete ☐ Inappropriate: describeInsight: ☐ Good ☐ Poor ☒ Partial ☐ ManipulativeJUDGEMENT: ☒ Good ☐ Poor

Mini-Mental Status Examination: (if necessary)

MEDICATION SIDE EFFECTS: YES ☒ NO Describe: _____

ASSESSMENT: DIAGNOSTIC IMPRESSIONS: change previous diagnostic impression YES NO

| schz | psy | dcp | dys | anx | imp | adj | p-subs | pers |
|--------|-------|--------|-------|--------|--------|--------|--------|-------|
| 295.xx | 298.9 | 296.xx | 300.4 | 300.00 | 312.30 | 309.xx | 304.80 | 301.9 |

Axis I: R/O paranoid schizophrenia

Axis II: R/O paranoid PD

Axis III: 27

PLAN: Recommendations/Treatment: NEED TO INCREASE DATA BASE/RAPPORT

PSYCHOEDUCATION/SUPPORT: GIVEN/NOT GIVEN Patient IS/IS NOT a danger to SELF/OTHERS

MEDICATIONS: change from previous regimen YES ☒ NO

| | Rationale |
|-----------------|-----------|
| 1. Ct Dispenda. | 4000. |
| 2. | |
| 3. | |

RISKS/BENEFITS OF MEDICATIONS: DISCUSSED/NOT DISCUSSED

PATIENT ACCEPTS/REFUSES MEDICATIONS

CONSENT SIGNED/NOT SIGNED

PATIENT INFORMED & AWARE OF WAYS & MEANS TO ACCESS MENTAL HEALTH SERVICES: YES/NO

REFERRAL Individual supp Individual dynamic Individual behavioral Individual cognitive Grief Group Inpatient

COMMENTS:

Ct ongoing med. and supportive. R/O
Can do it controlling for safety.

Raman

Raman Gopalakrishnan, MD.
Psychiatrist

FIRST

CORRECTIONAL

MEDICAL

Suicide Watch: Progress NoteDate: 12/21/04 Date Watch Initiated _____ Time: 1015**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self-harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☒ Self injuries present (Describe) None

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

☒ Other symptoms/comments Continues to brighten affect and mood. Smiles a lot. States feeling better. Denies SI, HI. Showered this morning.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other No Paranoid schizophrenia, No Malingering

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician

Robert Harris, RN, MSW

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12/20/04 Date Watch Initiated _____ Time: 0958**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
☐ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
☐ Negative comments about self _____ Negative comments about future
☐ Hopeless comments _____ Helpless comments
☐ SMI (Diagnosis) _____

- ☒ Other symptoms/comments IM responding to increased dosage of Risperdal, affect and mood bright. Denies SI, HI, AIV hallucinations.

A: Current Diagnoses

- ☐ Major Depression _____ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other Acute Paranoid schizophrenia, N.O. malingering

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue to monitor on level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger in _____ or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004 _____

Number _____

MH Clinician Robert Davis, RN, MSW
Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12/17/04 Date Watch Initiated _____ Time: 1030**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☒ Self injuries present (Describe) None

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

- ☒ Other symptoms/comments affect and mood brighter today.
Risperdal could be more effective. Dennis S.H.T.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other No Paranoid schizophrenia, No malingering

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☒ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase ☐ decrease ☒ from the previous day's level of risk. change from level II to level III.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician Robert Dennis, MD, M.S.W.
Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 12/14/04 Date Watch Initiated _____ Time: 1530**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable
☐ Tearful/crying _____ Agitated/restless _____ Fatigued
☒ Self injuries present (Describe) none

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
☐ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments
☐ SMI (Diagnosis)

☒ Other symptoms/comments Denies SI, HI @ present. Says gets "tired" of dealing w prison. Doesn't see any value in his life, affect only mood and depressed.

A: Current Diagnoses

- ☐ Major Depression _____ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☐ Other No Paranoiac schizophrenia, No malingering

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. Continue on level II.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [REDACTED]
FCM 2004 [REDACTED]Number [REDACTED]MH Clinician [REDACTED]Robert Davis, RN, MSW

Proprietary Information Not for Distribution

FIRST

CORRECTIONAL

MEDICAL

FIRST CORRECTIONAL MEDICAL, INC.
PSYCHIATRIC PROGRESS NOTE

NAME: [REDACTED] SBI #: [REDACTED] DATE: 12/15/04

SUBJECTIVE: EVENTS NOTED

Pt reports 5% improvement. P disorganized beh
4 testing complete. Test/Results dwn Gwn & appreciated.

OBJECTIVE: Mental Status Exam:

Level of Consciousness: ☒ Awake ☐ Alert ☐ Drowsy ☐ Lethargic ☐ Stuporous ☐ ComaOrientation: ☐ Time ☐ Place ☐ PersonAppearance: ☒ Well-groomed/Dressed ☐ Well-nourished/developed ☐ Disheveled ☐ Weak ☐ CachecticBehavior: ☒ Calm ☐ Cooperative ☐ Agitated ☐ Uncooperative ☐ Restless ☐ Hyperactive ☐ Slowed☒ Good eye contact ☐ Poor eye contact ☐ Bizarre ☐ Irritable ☐ AIMSSpeech: ☐ Normal ☐ Slurred ☐ Loud ☒ Soft ☐ Pressured ☐ Slowed ☐ MonotoneMood: AnxiousAffect: ☒ Appropriate ☐ Inappropriate ☐ Flat ☐ Blunted ☐ Constricted ☐ Depressed☐ Angry ☐ Euphoric/Expansive ☐ Fearful ☐ AnxiousThought Process: ☒ Goal-directed ☐ Coherent ☐ Logical ☐ Incoherent ☐ Illogical ☐ Looseness of Associations☐ Flight of Ideas ☒ Tangential/Circumstantial ☐ Thought BlockingThought Content: ☐ Appropriate ☐ Racing thoughts ☐ Poverty of thought ☐ Suicidal ideations ☐ Homicidal ideations☐ CAN/CANNOT contract for safety ☐ Delusions: describe reference persecution☐ Thought Broadcasting ☐ Thought Insertion ☐ Thought Control ☐ Ideas of Reference ☐ Paranoia☐ Obsessions ☐ Compulsions ☐ Phobias ☐ Preoccupations describe: _____Perceptual Disturbance: NONE☐ Hallucinations ☐ auditory ☐ visual ☐ tactile ☐ others _____ ☐ IllusionsAbstraction: ☐ Appropriate ☒ Concrete ☐ Inappropriate: describe _____Insight: ☐ Good ☒ Poor ☐ Partial ☐ ManipulativeJUDGEMENT: ☐ Good ☒ Poor

Mini-Mental Status Examination: (if necessary)

MEDICATION SIDE EFFECTS: YES NO Describe: _____

ASSESSMENT: DIAGNOSTIC IMPRESSIONS: change previous diagnostic impression YES NO

| schz | psy | dep | dys | anx | imp | adj | p-subs | pers |
|--------|-------|--------|-------|--------|--------|--------|--------|-------|
| 295.xx | 298.9 | 296.xx | 300.4 | 300.00 | 312.30 | 309.xx | 304.80 | 301.9 |

Axis I: R/o Paranoid schizophrenia, R/o MalingeringAxis II: R/o paranoid PD R/oAxis III: PPLAN: Recommendations/Treatment: NEED TO INCREASE DATA BASE/RAPPORTPSYCHOEDUCATION/SUPPORT: GIVEN/NOT GIVEN Patient IS a danger TO SELF/OTHERSMEDICATIONS: change from previous regimen YES NO

1. 1 Risperdal to 4mg bid Rationale 400s/Paranoia
2. _____ Rationale _____
3. _____ Rationale _____

RISKS/BENEFITS OF MEDICATIONS: DISCUSSED / NOT DISCUSSEDPATIENT ACCEPTS/REFUSES MEDICATIONSCONSENT SIGNED / NOT SIGNEDPATIENT INFORMED & AWARE OF WAYS & MEANS TO ACCESS MENTAL HEALTH SERVICES: YES/NOREFERRAL ☐ Individual supp ☐ Individual dynamic ☐ Individual behavioral ☐ Individual cognitive ☐ Grief ☐ Group ☐ Treatment

COMMENTS:

will 1 Risperdal to 4mg bid. Ct supportive
Pt compliant w med.

Raman Gopalakrishnan
Psychiatrist

FIRST

CORRECTIONAL

MEDICAL

FIRST

CORRECTIONAL

MEDICAL

FIRST CORRECTIONAL MEDICAL, INC.
PSYCHIATRIC PROGRESS NOTE

NAME: [REDACTED]ey

SBI #: [REDACTED]

DATE: 12/8/04

SUBJECTIVE: EVENTS NOTED

I don't know what to say. Dr compliant & meek.

Admitted to eating his feces once last week - couldn't stop myself!!
Not an paranoid

OBJECTIVE: Mental Status Exam:

Level of Consciousness: ☒ Awake ☐ Alert ☐ Drowsy ☐ Lethargic ☐ Stuporous ☐ ComaOrientation: ☒ Time ☐ Place ☐ PersonAppearance: ☐ Well-groomed/Dressed ☐ Well-nourished/developed ☒ Distressed ☐ Weak ☐ CachecticBehavior: ☐ Calm ☐ Cooperative ☐ Agitated ☐ Uncooperative ☐ Restless ☐ Hyperactive ☒ Slowed☒ Good eye contact ☐ Poor eye contact ☐ Bizarre ☐ Irritable ☐ AIMSSpeech: ☐ Normal ☐ Slurred ☐ Loud ☒ Soft ☐ Pressured ☒ Slowed ☒ MonotoneMood: Anxious / FrustratedAffect: ☐ Appropriate ☐ Inappropriate ☐ Flat ☐ Blunted ☐ Constricted ☐ Depressed☐ Angry ☐ Euphoric/Expansive ☐ Fearful ☒ AnxiousThought Process: ☐ Goal-directed ☐ Coherent ☐ Logical ☐ Incoherent ☒ Illogical ☐ Looseness of Associations☐ Flight of Ideas ☒ Tangential/Circumstantial ☐ Thought BlockingThought Content: ☐ Appropriate ☐ Racing thoughts ☐ Poverty of thought ☐ Suicidal ideations ☐ Homicidal ideations☐ CAN / CANNOT contract for safety ☐ Delusions: describe reference / persecution☐ Thought Broadcasting ☐ Thought Insertion ☐ Thought Control ☐ Loss of Reference ☒ Paranoia☐ Obsessions ☐ Compulsions ☐ Phobias ☐ Preoccupations describe:Perceptual Disturbance: ☐ NONE☐ Hallucinations ☒ auditory ☐ visual ☐ tactile ☐ others degradatory / threatening ☐ IllusionsAbstraction: ☐ Appropriate ☒ Concrete ☐ Inappropriate: describeInsight: ☐ Good ☒ Poor ☐ Partial ☐ ManipulativeJUDGEMENT: ☐ Good ☒ Poor

Mini-Mental Status Examination: (if necessary)

MEDICATION SIDE EFFECTS: YES ☒ NO Describe:

ASSESSMENT: DIAGNOSTIC IMPRESSIONS: change previous diagnostic impression YES NO

| schz | psy | dep | dys | anx | imp | adj | p-sub | pers |
|--------|-------|--------|-------|--------|--------|--------|--------|-------|
| 295.xx | 298.9 | 296.xx | 300.4 | 300.00 | 312.30 | 309.xx | 304.80 | 301.9 |

Axis I: Rb mania/hypomania, Rb dep, DIO & POK, Rb schizophreniaAxis II: Rb paranoid PD

Axis III:

PLAN: Recommendations / Treatment: NEED TO INCREASE DATA BASE/RAPPORT

PSYCHOEDUCATION/SUPPORT: GIVEN/NOT GIVEN Patient/IS/IS NOT a danger to SELF/OTHERS

MEDICATIONS: change from previous regimen YES ☒ NO

| | | | |
|----|---------------------|-----------|-----------------|
| 1. | <u>Ct Risperdal</u> | Rationale | <u>Paranoia</u> |
| 2. | | Rationale | |
| 3. | | Rationale | |

RISKS/BENEFITS OF MEDICATIONS: DISCUSSED / NOT DISCUSSED

PATIENT ACCEPTS / REFUSES MEDICATIONS

CONSENT SIGNED / NOT SIGNED

PATIENT INFORMED & AWARE OF WAYS & MEANS TO ACCESS MENTAL HEALTH SERVICES: YES / NO

REFERRAL: ☒ Individual supp ☐ Individual dynamic ☐ Individual behavioral ☐ Individual cognitive ☐ Grief ☐ Group ☐ Inpatient

COMMENTS:

Ct ongoing med, Cera D obs only. Await
ROCHACH. Dr compliant. will follow.

FIRST

CORRECTIONAL

MEDICAL

Raman Gopalakrishnan, MD
Psychiatrist

Patient Name: [REDACTED]
SBI#: [REDACTED]
DOB: [REDACTED]
Housing Unit: DCC Infirmary
Attending Psychiatrist: Dr. Raman

Educational Level: Highest Completed 8th
Handed: Right Handed

Examiner: Gwen Scott-Jones, MSW

Presenting Problem: Mr. Lindsey was seen at the request of Dr. Raman for psychological testing to assess his current psychological functioning. Mr. Lindsey is presently in the infirmary and receiving acute care for his psychological condition.

Brief Background Information:

- Patient was reared by both his biological parents
- Patient reported that his father had history of drug and alcohol abuse
- Patient reports having a good relationship with his mother
- There is an unknown family history of mental illness
- Patient reported that he had history of receiving mental health treatment as an adolescent for suicide attempts (self-reported suicide attempts "4 or 5 times") and hearing voices
- Patient reported that he been incarcerated since the age of 18 for Murder
- Patient reported that he has Asthma

Diagnostic Procedures:

Clinical Interview
Mental Status Examination
Rorschach Projective Testing

MSE: Patient presented with adequate hygiene. He was alert and oriented to person, place, circumstances, month, but not time/date. His affect was neutral and his mood seemed depressive. Thought content was of delusional and hallucinatory phenomena. (e.g., "One of the people here put something in my room and it causes me to itch-they been after me since I been here in DCC". "Voices told me to cut myself that is why I am here and they would of gotten mad with me if I did not eat my #2 -it made my stomach hurt"). However, thought processes were congruent to thought content. Suicidality and homicidality were presently absent. Funds of knowledge were limited and the patient presented with poor insight and judgment.

Rorschach Projective Testing: Mr. Lindsey approached the test in a cooperative manner. Brief statements characterized his verbal responses to the blots, demonstrating paucity of thought content. He was not integrating the whole picture on the blots and most if not all of his responses were considered non-normative or unusual. Nonetheless, the protocol was not scored because it was considered invalid because Mr. Lindsey only gave 13 responses and a valid protocol requires 14 responses for interpretation. There are numerous reasons why brief protocols occur, but either of two causes account for most: (1) resistance/defensiveness, or (2) severe impairment. However, it was opined by this examiner that Mr. Lindsey has a severe cognitive impairment or perceptual disturbance,

Suicide Watch: Progress NoteDate: 11/1/04 Date Watch Initiated _____ Time: 1128**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
 _____ History of suicide attempt(s)
 _____ Exhibiting self harm behaviors
 _____ Non-compliance regarding psychiatric medications
 _____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous
 _____ Eye contact good _____ Eye contact poor/avoidant ☒ Eye contact variable
 _____ Tearful/crying _____ Agitated/restless _____ Fatigued
 _____ Self injuries present (Describe) Healed lacerations

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)
 _____ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
 _____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable
 _____ Negative comments about self _____ Negative comments about future
☒ Hopeless comments _____ Helpless comments
 _____ SMI (Diagnosis) _____

☒ Other symptoms/comments c/o of feeling overwhelmed & life. See no reason to continue living. See no purpose in his life. Reports constant thoughts of self harm. Unable to control for safety.

A: Current Diagnoses

- _____ Major Depression _____ Major Depression, Recurrent
 _____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic
 _____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder
☒ Other Adjustment d/o anxiety / depression

P: Suicide Watch Level (See Observation Levels form for more detail)

- _____ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
 _____ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day of risk.

Continue to monitor on level II.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate

Number

MH Clinician

Robert Davis, RN, MSW

FCM 2004

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10-27-04 Date Watch Initiated _____ Time: 10:30**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☒ Negative comments about self ☐ Negative comments about future
☒ Hopeless comments ☐ Helpless comments

SMI (Diagnosis)Other symptoms/comments depressed mood SE 0 method

reports nothing to live for living is misery facing
whole life cannot do it any more. cannot contact per se

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder

☒ Other Adj 40 = Anxiety depression

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmat _____
FCM 2004

Number _____

MH Clinician

Melissa Gauthier MD/PhD

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/28/04 Date Watch Initiated _____ Time: 10:30 am**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____
☐ Other symptoms/comments I/M more amenable to conversation
today - still a little shy but less angry evidenced.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Adjustment w/ Anxiety depressed mood.

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [redacted]
 FCM 2004

Number [redacted]

MH Clinician E. M. White, MCGMA

Proprietary Information Not for Distribution



Suicide Watch: Progress NoteDate: p-26-04 Date Watch Initiated _____ Time: 1100**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

Other symptoms/comments el/m reports "Babbling" my manhood is too gone my pride is gone

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Adjustment d/o anxiety depressed mood

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [REDACTED]
FCM 2004Number [REDACTED]MH Clinician Melissa Satterness/MSW

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10-25-04 Date Watch Initiated 10-11-04 Time: @ 1300**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☒ Eating poorly (\leq approx. 50%) *by report*
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☒ Negative comments about self ☒ Negative comments about future
☒ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

☒ Other symptoms/comments *He reports a hope for future, nothing to
 lie for and believes he is suffering and cannot take it anymore.
 Intervention crisis intervention think about future & positive things like
 pursuing education & continuing to be in his life. I'm glad it didn't matter
 and wants to die. refer to psychiatric*

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other *Adjustment D/o Anxiety, depressed mood*

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☒ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [REDACTED]
FCM 2004Numb [REDACTED]MH Clinician *Melissa Galen MSW*

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/21/04 Date Watch Initiated _____ Time: 1330**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☐ Eye contact poor/avoidant ☒ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☒ Self injuries present (Describe) Superficial cuts/scratches on forearm.

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

Other symptoms/comments _____

States some staff put bags in his room after he showed up, they are trying to get him. States he does not want to stay in this facility.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Adj. D/O w/ anxiety, depressed mood.

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate: _____

Number: _____

MH Clinician: E. M. White

FCM 2004

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/22/04 Date Watch Initiated _____ Time: 0930**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☒ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☒ Self injuries present (Describe) Superficial cuts, scratches on left forearm

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments

SMI (Diagnosis)

Other symptoms/comments _____

More subdued today, but somewhat
engaged. Still does not want to live, he states.**A: Current Diagnoses**

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☐ Other _____

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [redacted] Number [redacted]

FCM 2004

MH Clinician Eh. White

Proprietary Information Not for Distribution

Shad [signature]

First
Correctional
Medical

NAME: [REDACTED] SBI#: [REDACTED] DATE: 10/10

ACTIVE: EVENTS NOTED
I don't have anything to live for! I can't take the hate.
Everybody in the prison is against me.

Psychiatrist

~~Mitchell Kho, M.D.~~
Psychiatrist

FIRST CORRECTIONAL MEDICAL, INC.



PSYCHIATRIC PROGRESS NOTE

NAME: [REDACTED] SBI#: [REDACTED] DATE: 10/13

SUBJECTIVE: EVENTS NOTED

If I ever go back to the CMU, you will find me string
up. It reports being "abused."

OBJECTIVE: Mental Status Exam:

Appearance: ☐ Well-groomed/Dressed ☒ Disheveled ☐ Well-nourished/developed ☐ Weak ☐ CachecticBehavior: ☐ Calm ☐ Cooperative ☒ Agitated ☐ Uncooperative ☐ Restless ☐ Hyperactive ☐ Slowed☐ Good eye contact ☐ Poor eye contact ☐ Bizarre ☐ Irritable ☐ AIMSSpeech: ☐ Normal ☐ Slurred ☐ Loud ☐ Soft ☐ Pressured ☐ Slowed ☐ MonotoneMood: Angry / AgitatedAffect: ☒ Appropriate ☐ Inappropriate ☐ Flat ☐ Blunted ☐ Constricted ☐ Depressed ☒ Angry☐ Euphoric/Expansive ☐ Fearful ☒ AnxiousThought Process: ☒ Goal-directed ☒ Coherent ☐ Logical ☐ Incoherent ☐ Illogical ☐ Looseness of Associations☐ Flight of Ideas ☐ Tangential/Circumstantial ☐ Thought BlockingThought Content: ☒ Appropriate ☐ Racing thoughts ☐ Poverty of thought ☐ Suicidal ideations ☐ Homicidal ideations☐ CAN / CANNOT contract for safety ☐ Delusions: describe☐ Thought Broadcasting ☐ Thought Insertion ☐ Thought Control ☒ Ideas of Reference ☒ Paranoia☐ Obsessions ☐ Compulsions ☐ Phobias ☐ Preoccupations describe:Perceptual Disturbance: ☒ NONE☐ Hallucinations ☐ Auditory ☐ Visual ☐ Tactile ☐ Illusions ☐ Others

Mini-Mental Status Examination: (if necessary)

9 MR
'9.80 PDD
'4.90 ADHD
'3.90 ETOH dep
'4.80 p-subs
'5.30 ch.schz-pmd
'5.90 ch.schz-undif
'5.70 schz-af
'3.82 subs-ind.psy
'8.9 psy-nos
'1 dep-nos
'6.33 m.dep-psy
'6.34 m.dep+psy
'3.83 subs-ind.dep
'6.80 BPAD
'9.81 PTSD
'10.02 GAD
'3.83 subs-ind.anx
'2.30 imp-nos
'9.9 adj
'11.9 pers
'13.90 med-ind.mov't
'55.2 maling'g

Level of Consciousness: ☒ Awake ☒ Alert ☐ Drowsy ☐ Lethargic ☐ Stuporous ☐ Coma☒ Year/Season/Date/Day/Month☐ Read & Obey "CLOSE YOUR EYES"☐ State/County/Town/Bldg☐ Write a sentence☐ Immediate Recall 3 objects☐ Copy a design☐ Spell "WORLD" backwards or Serial 7's☐ Repeat "No it's, and's or but's"☐ Name pencil and watch☐ Long-term recall of 3 objectsABSTRACTION: ☐ Appropriate ☒ Concentrate ☐ Inappropriate: describe:INSIGHT: ☐ Good ☒ Poor JUDGEMENT: ☐ Good ☒ Poor

MEDICATION SIDE EFFECTS: YES / NO Describe:

Assessment: Diagnostic Impressions: change previous diagnostic impression YES / NO

Axis I: Adj. Dis. E. Anxiety / DepressionAxis II: CPAxis III: CP

PLAN: Recommendation / Treatment:

PSYCHOEDUCATION/SUPPORT GIVEN / NOT GIVEN Patient IS / IS NOT a danger to SELF / OTHERS

MEDICATIONS: change from previous regimen ☐ YES ☒ NO1. With Med.

3.

RISKS / BENEFITS OF MEDICATIONS: DISCUSSED / NOT DISCUSSED NEED TO INCREASE DATA BASE / RAPPORT

MEDICATIONS: PATIENT: ACCEPTS REFUSES CONSENTS: SIGNED NOT SIGNED

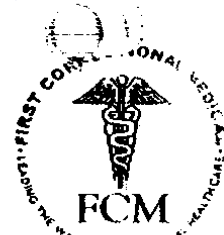
PATIENT INFORMED AND AWARE OF WAYS AND MEANS TO ACCESS MENTAL HEALTH SERVICES YES / NO

MENTAL HEALTH GROUP REFERRAL YES / NO

COMMENTS: Supportive Rx. Coordinate w/ MH team on Rx plan

MENTAL HEALTH CLASSIFICATION: change from previous classification YES / NO

Ramirez
Mitchell Kiro, M.D.
Psychiatrist

Suicide Watch: Progress NoteDate: 10/10/04 Date Watch Initiated _____ Time: 1300**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☒ Fatigued
☒ Self injuries present (Describe) Superficial Cuts on arm Blood on shirt & floor.

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis)

Other symptoms/comments U/m reports scratched self because bugs are crawling on him. I have bugs under my skin. U/m agreed to clean room and if felt bugs crawling on him will tell medical staff. D/O psychosis.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Adj. D/O Anxiety = depressed mood

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/18/04 Date Watch Initiated _____ Time: 0900**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☒ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☒ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☒ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

Other symptoms/comments

*reports Cannot do home time will loose
 mind not strong enough will kill self before do
 home time.*

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other *ADJ. No with Anxiety depression.*

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate
 FCM 2004

Number

MH Clinician

Proprietary Information Not for Distribution

Melissa Johnson

Suicide Watch: Progress NoteDate: 10/15/04 Date Watch Initiated _____ Time: 1030**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☒ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☒ Negative comments about self ☒ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____
☐ Other symptoms/comments Compulsive writing in journal.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other ADJ. D/O w/ Anxiety & Depression

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day _____ of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

MH Clinician E. M. White

Proprietary Information Not for Distribution

CARE



Suicide Watch: Progress Note

Date: 10/14/04 Date Watch Initiated _____ Time: 1345

S: Symptoms Causing Initiation of Suicide Watch Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status

Physical Presentation: Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☐ Eye contact poor/avoidant ☒ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____
☐ Other symptoms/comments _____

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Adj. D/O c anxiety/depression

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☒ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____

FCM 2004

Number _____

MH Clinician E. White, MD

Proprietary Information Not for Distribution

| DATE | TIME | DSF FILE | NOTES SHOULD BE SIGNED WITH NAME AND TITLE |
|----------|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/13/24 | 1430 | MAH | <p>S) I/M seen due to being on psychiatric observation level II infirmary. "I can't do this time mentally I cannot handle it. I promise I will die before I allow them to torture me. They threatened to take my pride with a broomstick I will die first. I swear on my mother and soon I will be hanging from a vine."</p> <p>D) I/M alert, Oriented x3, (+SI), Depressed, Angry negative thoughts Controlling Actions Reports victimized in SHU and not strong enough mentally to do SHU time.</p> <p>A) I/M has a hx of suicidal threats not in prison environment and paranoid personality by history. I/M will benefit from ongoing treatment to address these issues that lead to negative behaviors.</p> <p>P) Remain on psych observation level II (Melissa Lata mbs/mble).</p> |

Room/Bed

Chambers

CHP

Suicide Watch: Progress NoteDate: 10/12/04 Date Watch Initiated 10-9-04 Time 11:00**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☐ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

Other symptoms/comments I/m was sleeping
tried to wake-up I/m didn't respond

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☐ Other _____

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate

Number

MH Clinician

Melissa L. [Signature]

FCM 2004

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/11/04 Date Watch Initiated 10/9/04 Time: 0900**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☒ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☐ Exhibiting self harm behaviors
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☐ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☒ Affect appropriate to setting (subdued but engages with interviewer)
☐ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments

SMI (Diagnosis)

Other symptoms/comments cl/m reports came back to infirmary due to being placed in a cell with food and water all over the floor of the cell is not suicidal, although courtney reports will have self-harm to stop.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☐ Other _____

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☐ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [REDACTED]
FCM 2004Number [REDACTED]MH Clinician Melissa [Signature]

Proprietary Information Not for Distribution

Suicide Watch: Initial Progress NoteInmate Name: [REDACTED]Number [REDACTED]Date: 10/8/04Time: 1330**S: Symptoms Causing Initiation of Suicide Watch** Check all that applyThoughts of self harm: (Describe)History of suicide attempt(s)Method of attempt:☒ Exhibiting self harm behaviors: (Describe)Multiple scratches on @ forearm
w/ recent bleeding.Non-compliance regarding psychiatric medications: (Describe how non-compliance is related to self harm concerns)Other Cause(s)**O: Current Status****Physical Presentation:** Check all that apply☒ Groomed (clean, hair combed, etc.) ☐ Disheveled ☐ Unclean/malodorous☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued ☐ OtherSelf injuries present (Describe)**Specific Depression Symptoms:** Check all that apply☒ Sleep good (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)☒ Affect appropriate to setting (subdued but engages with interviewer)☐ Affect flat/blunted (range restricted, expression of all emotions diminished)☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable☐ Negative comments about self ☐ Negative comments about future☐ Hopeless comments ☐ Helpless comments☐ Presence of SMI (Diagnosis)☐ Other symptoms Current SI/HI, OAH/VIH, & delusions**Mental Status:** Check all that apply☒ Alert ☒ Oriented to place ☒ Oriented to time (within 1-3 hr)☒ Oriented to person☒ Oriented to current situation (why being interviewed, current emotional status, etc.)**A: Current Diagnoses**☐ Major Depression☐ Major Depression, Recurrent☐ Bipolar Disorder, currently depressed☐ Bipolar Disorder, manic☐ Schizoaffective Disorder, currently depressed☐ Antisocial Personality Disorder☐ Other 799.9 Deferred**P: Suicide Watch Level (See Observation Levels form for more detail)**☐ Watch Level I: High risk (no personal or potentially hazardous material)☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)Keep in I until discharge back to SHU @ ASAP

Inmate/detainee will be seen daily for evaluation of suicide/self harm danger with therapeutic interventions as needed.

Clinician Name Paul J. White

Suicide Watch: Initial Progress Note

Inmate Name: _____

Number: _____

Date: 10/6/04

Time: _____

**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply☒ Thoughts of self harm: (Describe) _____

____ History of suicide attempt(s) Method of attempt: _____

____ Exhibiting self harm behaviors: (Describe) _____

____ Non-compliance regarding psychiatric medications: (Describe how non-compliance is related to self harm concerns) _____

____ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply☒ Groomed (clean, hair combed, etc.) _____ Disheveled _____ Unclean/malodorous☒ Eye contact good _____ Eye contact poor/avoidant _____ Eye contact variable

____ Tearful/crying _____ Agitated/restless _____ Fatigued _____ Other _____

____ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply☒ Sleep good (5-8 hours per day) _____ Sleep poor (< 5 hours or > 9 hours per day)☒ Eating adequately (\geq approx. 60% of meals) _____ Eating poorly (\leq approx. 50%)☒ Affect appropriate to setting (subdued but engages with interviewer)

____ Affect flat/blunted (range restricted, expression of all emotions diminished)

____ Affect irritable _____ Affect hostile _____ Affect aggressive _____ Affect labile/variable

____ Negative comments about self _____ Negative comments about future

____ Hopeless comments _____ Helpless comments

____ Presence of SMI (Diagnosis) _____

____ Other symptoms ILM denies any SMI, Contracts for Safety**Mental Status:** Check all that apply☒ Alert _____ Oriented to place _____ Oriented to time (within 1-3 hours)☒ Oriented to person☒ Oriented to current situation (why being interviewed, current emotional status, etc.)**A: Current Diagnoses**☒ Major Depression _____ Major Depression, Recurrent

____ Bipolar Disorder, currently depressed _____ Bipolar Disorder, manic

____ Schizoaffective Disorder, currently depressed _____ Antisocial Personality Disorder

☒ Other Paranoid PD**P: Suicide Watch Level (See Observation Levels form for more detail)**☒ Watch Level I: High risk (no personal or potentially hazardous material)____ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)

____ Watch Level III: Low risk (some personal items and uniforms may be allowed)

Inmate/detainee will be seen daily for evaluation of suicide/self harm danger with therapeutic interventions as needed.

Clinician Name [Signature]

D/C from INF
 with will file a
 1:1 counseling wh
 ILM returns to
 see the S/A



Suicide Watch: Progress Note

Date: 10/1/04 Date Watch Initiated _____ Time: 1536

S: Symptoms Causing Initiation of Suicide Watch Check all that apply

- ☐ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☒ Exhibiting self harm behaviors attempted to hang self.
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status

Physical Presentation: Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☒ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____

☒ Other symptoms/comments APOX 3. Denies A/V hallucinations. Reports off and on thoughts of self harm. Affect still more flat, sad.

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other Deferred

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase ☐ decrease ☐ from the previous day's level of risk.

Continue on level II.

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger increase or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate [REDACTED] Number [REDACTED] MH Clinician Robert Harris, RN, MSW

FCM 2004

Proprietary Information Not for Distribution

Suicide Watch: Progress NoteDate: 10/4/04 Date Watch Initiated _____ Time: 130**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply

- ☐ Expressing thoughts/intent of self harm
☐ History of suicide attempt(s)
☒ Exhibiting self harm behaviors *Attempted to hang self*
☐ Non-compliance regarding psychiatric medications
☐ Other Cause(s) _____

O: Current Status**Physical Presentation:** Check all that apply

- ☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous
☐ Eye contact good ☐ Eye contact poor/avoidant ☐ Eye contact variable
☐ Tearful/crying ☐ Agitated/restless ☒ Fatigued
☐ Self injuries present (Describe) _____

Specific Depression Symptoms: Check all that apply

- ☒ Sleep adequate (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)
☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)
☐ Affect appropriate to setting (subdued but engages with interviewer)
☒ Affect flat/blunted (range restricted, expression of all emotions diminished)
☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable
☐ Negative comments about self ☐ Negative comments about future
☐ Hopeless comments ☐ Helpless comments
☐ SMI (Diagnosis) _____
☒ Other symptoms/comments *I'm sleeping peacefully.*

A: Current Diagnoses

- ☐ Major Depression ☐ Major Depression, Recurrent
☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic
☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder
☒ Other *799.9 Deafness*

P: Suicide Watch Level (See Observation Levels form for more detail)

- ☐ Watch Level I: High risk (no personal or potentially hazardous material)
☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)
☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

The checked Watch Level is: an increase _____ decrease _____ from the previous day's level of risk. *Continue to monitor on Lv. II.*

Inmate/detainee will continue to be seen daily for evaluation of suicide/self harm danger or decrease until the clinician determines the inmate/detainee has improved sufficiently to be removed from Watch and released from the Infirmary.

Inmate _____
FCM 2004

Number _____

H Clinician *Earl M. Shultz*

Proprietary Information Not for Distribution

M. J. M. -
CRAC

Suicide Watch: Initial Progress NoteInmate Name: [REDACTED]Number [REDACTED]Date: 9/30/04Time: 1040**S: Symptoms Causing Initiation of Suicide Watch** Check all that apply☐ Thoughts of self harm: (Describe) _____☐ History of suicide attempt(s) _____ Method of attempt: _____☒ Exhibiting self harm behaviors: (Describe) Attempted to hang self☐ Non-compliance regarding psychiatric medications: (Describe how non-compliance is related to self harm concerns) _____☐ Other Cause(s) _____**O: Current Status****Physical Presentation:** Check all that apply☐ Groomed (clean, hair combed, etc.) ☒ Disheveled ☐ Unclean/malodorous☐ Eye contact good ☐ Eye contact poor/avoidant ☒ Eye contact variable☐ Tearful/crying ☐ Agitated/restless ☐ Fatigued ☐ Other _____☐ Self injuries present (Describe) _____**Specific Depression Symptoms:** Check all that apply☒ Sleep good (5-8 hours per day) ☐ Sleep poor (< 5 hours or > 9 hours per day)☒ Eating adequately (\geq approx. 60% of meals) ☐ Eating poorly (\leq approx. 50%)☐ Affect appropriate to setting (subdued but engages with interviewer)☒ Affect flat/blunted (range restricted, expression of all emotions diminished)☐ Affect irritable ☐ Affect hostile ☐ Affect aggressive ☐ Affect labile/variable☐ Negative comments about self ☐ Negative comments about future☐ Hopeless comments ☐ Helpless comments☐ Presence of SMI (Diagnosis) _____☒ Other symptoms Series SI, HI @ present**Mental Status:** Check all that apply☒ Alert ☒ Oriented to place ☒ Oriented to time (within 1-3 hours)☒ Oriented to person☒ Oriented to current situation (why being interviewed, current emotional status, etc.)**A: Current Diagnoses**☐ Major Depression ☐ Major Depression, Recurrent☐ Bipolar Disorder, currently depressed ☐ Bipolar Disorder, manic☐ Schizoaffective Disorder, currently depressed ☐ Antisocial Personality Disorder☒ Other Depressed**P: Suicide Watch Level (See Observation Levels form for more detail)**☐ Watch Level I: High risk (no personal or potentially hazardous material)☒ Watch Level II: Moderate risk (same but with staggered checks \leq 15 minutes)☐ Watch Level III: Low risk (some personal items and uniforms may be allowed)

Inmate/detainee will be seen daily for evaluation of suicide/self harm danger with therapeutic interventions as needed.

Clinician Name Robert Davis, RN, MSW

FIRST CORRECTIVE MEDICAL, INC.

First

Correctional

Medical

PSYCHIATRIC PROGRESS NOTE

NAME: [REDACTED] SBI#: [REDACTED] DATE: 9/29/04

SUBJECTIVE: EVENTS NOTED

Anxious and upset. Was sent to isolation and is very
Anxious about his terminally ill mother. Feels there is nothing to live for.

OBJECTIVE: Mental Status Exam:

Appearance: ☐ Well-groomed/Dressed ☒ Disheveled ☐ Well-nourished/developed ☐ Weak ☐ CachecticBehavior: ☐ Calm ☐ Cooperative ☒ Agitated ☐ Uncooperative ☐ Restless ☐ Hyperactive ☐ Slowed☐ Good eye contact ☐ Poor eye contact ☐ Bizarre ☐ Irritable ☐ AIMSSpeech: ☐ Normal ☐ Slurred ☐ Loud ☐ Soft ☐ Pressured ☐ Slowed ☐ MonotoneMood: Anxious / upset / overwhelmed.Affect: ☒ Appropriate ☐ Inappropriate ☐ Flat ☐ Blunted ☐ Constricted ☐ Depressed ☐ Angry☐ Euphoric/Expansive ☐ Fearful ☒ AnxiousThought Process: ☒ Goal-directed ☐ Coherent ☐ Logical ☐ Incoherent ☐ Illogical ☐ Looseness of Associations☐ Flight of Ideas ☐ Tangential/Circumstantial ☐ Thought BlockingThought Content: ☒ Appropriate ☐ Racing thoughts ☐ Poverty of thought ☐ Suicidal ideations ☐ Homicidal ideations☒ CAN / CANNOT contract for safety ☐ Delusions: describe: _____☐ Thought Broadcasting ☐ Thought Insertion ☐ Thought Control ☐ Ideas of Reference ☐ Paranoia☐ Obsessions ☐ Compulsions ☐ Phobias ☐ Preoccupations describe: _____Perceptual Disturbance: ☒ NONE☐ Hallucinations ☐ Auditory ☐ Visual ☐ Tactile ☐ Illusions ☐ Others: _____

Mini-Mental Status Examination: (if necessary)

9 MR

9.80 PDD

4.90 ADHD

13.90 ETOH dep

14.80 p-subs

5.30 ch.schz-pmd

5.90 ch.schz-undif

5.70 schz-aff

3.82 subs-ind.psy

8.9 psy-nos

1 dep-nos

6.33 m.dep-psy

6.34 m.dep+psy

3.83 subs-ind.dep

6.80 BPAD

9.81 PTSD

0.02 GAD

3.83 subs-ind.anx

2.30 imp-nos

9.9 adj

11.9 pers

3.90 med-ind.mov't

15.2 maling'g

Level of Consciousness: ☒ Awake ☐ Alert ☐ Drowsy ☐ Lethargic ☐ Stuporous ☐ Coma☒ Year/Season/Date/Day/Month☐ State/County/Town/Building☐ Immediate Recall 3 objects☐ Spell "WORLD" backwards or Serial 7's☐ Name pencil and watchABSTRACTION: ☐ Appropriate ☒ Concentrate ☐ Inappropriate: describe: _____INSIGHT: ☐ Good ☒ Poor JUDGEMENT: ☐ Good ☒ Poor

MEDICATION SIDE EFFECTS: YES / NO Describe: _____

Assessment: Diagnostic Impressions: change previous diagnostic impression YES ☒ NOAxis I: Adj D/O 2 Anxiety / depression.Axis II: def.Axis III: CP

PLAN: Recommendation / Treatment:

PSYCHOEDUCATION/SUPPORT: GIVEN / NOT GIVEN Patient IS / IS NOT a danger to SELF / OTHERS

MEDICATIONS: change from previous regimen () YES () NO

1. Wife needs.

2. _____

3. _____

RISKS / BENEFITS OF MEDICATIONS: DISCUSSED / NOT DISCUSSED NEED TO INCREASE DATA BASE / RAPPORT

MEDICATIONS: PATIENT: ACCEPTS REFUSES CONSENTS: SIGNED NOT SIGNED

PATIENT INFORMED AND AWARE OF WAYS AND MEANS TO ACCESS MENTAL HEALTH SERVICES YES / NO

MENTAL HEALTH GROUP REFERRAL YES ☒ NO

COMMENTS:

Will offer indiv / supportive Rx. Wife 8/0 depression
and consider meds as needed.

MENTAL HEALTH CLASSIFICATION: change from previous classification YES ☒ NO[Signature]
MICHAEL KHO, M.D.

Psychiatrist

} but cannot
 promise
 once he
 returns to
 SHU.

INTERDISCIPLINARY PROGRESS NOTES

| DATE | TIME | DISCIPLINE | NOTES SHOULD BE SIGNED WITH NAME AND TITLE |
|---------|------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9/27/04 | 1330 | PSG | <p>③ Sitting by window. Dressed in blue paper gown. States he is not suicidal, but does not like the 15 days he has to spend in the SHU. Reports his mother is ill and that it is difficult for him when he can not telephone her.</p> <p>④ Not only well groomed. Denies SI, HI. Agrees that he may as well go back to the SHU, serve the 15 days and move on. ⑤ A & O X 3. Denies SI, HI, AN hallucinations. Affect and mood are appropriate.</p> <p>⑥ Discharge from observations. Discharge from the infirmary.</p> <p>Robert Jarvis, RN, MSW</p> |
| 9/29/04 | 1430 | MH | <p>⑤ 1/M was seen in the INF for a random Mental Health Apppt.</p> <p>⑥ Expressed S/I, "I'm going to hurt myself as soon as I can. Sooner or later you'll have to let me out of here!"</p> <p>1/M claims that his mom is terminally ill and has recently taken a turn for the worse.</p> <p>⑦ 1/M is @ a ↑ risk for self-harm and needs to be maintained @ Level II until stable.</p> <p>⑧ Maintain Level II ⑨ Contact Counselor re, Contact Family</p> |

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

Facility Name

DCC

Month/Year

STDTG

| | | | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | | | |
|-------------------------------------------------|--|--|----------------|---------|---|---|---|---|---|---|---|---|-----------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| Disperdol 3mg PO bid x 7 days | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE 12/14/04 STOP DATE 12/22/04 | | | H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | 0900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disperdol 4mg PO q pm x 7 days | | | 2100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE 12/22/04 STOP DATE 12/29/04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disperdol 4mg PO bid x 90 days | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE 12/30/04 STOP DATE 03/30/05 | | | H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLERGY NKDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAGNOSIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PATIENT NAME [REDACTED] | | | ID [REDACTED] | WING 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENTATION CODES = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IC - Discontinued Order | | | R - Refused | | | | | | | | | | S - Self Administered | | | | | | | | | | | | | | | | | | | | | | | |
| IO - Dose Omitted | | | C - Court | | | | | | | | | | NS - No Show | | | | | | | | | | | | | | | | | | | | | | | |
| I - Medical Hold | | | LD - Lock Down | | | | | | | | | | O - Other | | | | | | | | | | | | | | | | | | | | | | | |

NURSE'S SIGNATURE

Deb Rodwell RN

N. OBALE

INITIAL

RO

RE

DR

N.O

NURSE'S SIGNATURE

Laurie Craig LPN

INITIAL

LC

PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERSEDE PHYSICIAN ORDERS

DL C

Month/Year

DEC 104.

| N Init. | START DATE | STOP DATE |
|---------|------------|-----------|
|---------|------------|-----------|

ALLERGY

NDA

DIAGNOSIS

PATIENT
NAME

DOCUMENTATION CODES =

IC - Discontinued Order

10 - Dose Omitted

I - Medical Hold

R - Refused

C - Court

LD - Lock Down

S - Self Administered

NS - No Show

O - Other

NURSE'S SIGNATURE

NURSE'S SIGNATURE

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Ad

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NURSE'S SIGNATURE

NURSE'S SIGNATURE
Maria Lamo-Lin

John Swanson (P)

Assume a

INITIAL

INITIA


11-



| | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Risperdal 2mg po BID x 90 days Boman START DATE 12-04-04 STOP DATE 03-03-05 | A P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risperdal 1.5mg po BID x 70 days Homen START DATE 11-23-04 STOP DATE 12-03-04 | A P | STOP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quar 30mcg ii puffs BID PRN ✓ 90 DAYS Rukus START DATE 10/8/04 STOP DATE 01/08/05 | P RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albuterol MDI ii puffs QID START DATE 10/8/04 STOP DATE 01/08/05 | P RN | Re-narrowed 12/20/04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zisperdal 2mg i tab PO q AM x 90 days Boman START DATE 12/1/04 STOP DATE 3/1/04 | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zisperdal 3mg T tab PO q PM x 90 days Boman START DATE 12/1/04 STOP DATE 3/1/04 | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Talchol 5mg PO/IM q6° PRN x 7 days quotation = danger to self/others /disorganized behavior START DATE 11/25/04 STOP DATE 12/1/04 | D R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ogentin 1mg PO/Im q6° PRN x 7 days quotation = danger to self/others /disorganized behavior START DATE 11/25/04 STOP DATE 12/1/04 | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TAD TO L Forearm - Apply TID x 10 days N Init N-o/Rugers START DATE 11/23/04 STOP DATE 11/28/04 | A N P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1

PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

| Activity Name | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <u>Cepacol lozenges ÷ Q6h PRN X 5 days</u> | <u>R</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Risperdal 0.5mg P.O. BID X 3 days</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>then</u> | <u>P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 11/17/04 STOP DATE 11/20/04</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Risperdal 1mg PO BID X 7 days</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>then</u> | <u>P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 11/21/04 STOP DATE 11/27/04</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Risperdal 1.5mg PO BID X 7 days</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>then</u> | <u>P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 11/28/04 STOP DATE 12/03/04</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Risperdal 2mg PO BID X 90 days</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 12/04/04 STOP DATE 03/03/05</u> | <u>P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Cepacol lozenges ÷ qo. q6h PRN X 5 days</u> | <u>q6</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 11-22-04 STOP DATE 11-27-04</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>TAO to (L) Forearm Apply TID X 10 days</u> | <u>N</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>(L) Forearm BID X 5 days</u> | <u>P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 11-23-04 STOP DATE 12-3-04</u> | <u>0900</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Hydrocortisone cream 1% Apply to (L) arm BID X 5 days</u> | <u>HS</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>N Init. Raman START DATE 11-23-04 STOP DATE 11-28-04</u> | <u>A</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Risperdal 1.5mg PO BID X 3 days</u> | <u>P</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Raman START DATE 11/25/04 STOP DATE 11/28/04</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ALLERGY NEPT

DIAGNOSIS

PATIENT NAME [REDACTED] WING 190

DOCUMENTATION CODES

| | | |
|------------------------|----------------|-----------------------|
| C - Discontinued Order | R - Refused | S - Self Administered |
| O - Dose Omitted | C - Court | NS - No Show |
| - Medical Hold | LD - Lock Down | O - Other |

| | | | |
|------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
| NURSE'S SIGNATURE <u>N. DBALE</u> <u>[Signature]</u> | INITIAL <u>N-D</u> <u>[Initials]</u> | NURSE'S SIGNATURE <u>Maria Ramos</u> <u>[Signature]</u> | INITIAL <u>[Initials]</u> <u>[Initials]</u> |
|------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|

PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

| | | | HOURL | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 3 | |
|-----------------------------------------------------------------------------------------------------------------|--|--|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|--|
| Risperdal 2mg po BID x 3clays A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raman START DATE 11/28/04 STOP DATE 11/30/04 P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haldol 5mg IM/PO q 6 ^h PRN x 7clays P agitation = danger to self/others/disorganized behavior R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raman START DATE 11/25/04 STOP DATE 12/1/04 N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zogentin 1mg PO/IM q 6 ^h PRN x 7clays P agitation = danger to self/others/disorganized behavior R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raman START DATE 11/25/04 STOP DATE 12/1/04 N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ALLERGY NILDA

ADMISSION [REDACTED] ID [REDACTED] WING 190

ADMISSION CODES =

| | | |
|-------------------------|----------------|-----------------------|
| DO - Discontinued Order | R - Refused | S - Self Administered |
| DO - Dose Omitted | C - Court | NS - No Show |
| I - Medical Hold | LD - Lock Down | O - Other |

| | | | |
|--------------------|-----------|-------------------|--------------------|
| NURSE'S SIGNATURE | INITIAL | NURSE'S SIGNATURE | INITIAL |
| <u>[Signature]</u> | <u>23</u> | | <u>[Signature]</u> |

PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

| | | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 3 | |
|---------------------------------------------------------------------------------------------------------------------|-------------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|--|
| GUAR 80 mcg $\ddot{\text{u}}$ Puffs BID PRN x 90d Rogers Jr IN Init. START DATE 10/8/04 STOP DATE 01/08/05 | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albuterol MDI $\ddot{\text{u}}$ Puffs QID PRN x 90d Rogers Jr IN Init. START DATE 10/08/04 STOP DATE 01/08/05 | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vit A + D to face BID x 5 days Rogers Jr IN Init. START DATE 11/05/04 STOP DATE 11/10/04 | A P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CTM 4mg po $\ddot{\text{u}}$ 3 times a day Rogers Jr IN Init. START DATE 11/7/04 STOP DATE 11/16/04 | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risperdal 1mg po BID x 3 days Raman START DATE 11/04/04 STOP DATE 11/13/04 | A P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risperdal 1mg po q AM x 3 days Raman START DATE 11/14/04 STOP DATE 11/16/04 | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risperdal 2mg po q PM x 3 days Raman START DATE 11/14/04 STOP DATE 11/16/04 | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risperdal 2mg po BID x 90 days Raman START DATE 11/17/04 STOP DATE 11/17/05 | A P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cepacol lozenges q 4h PRN for sore throat IN Init. START DATE 11-14-04 STOP DATE 11-16-04 | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ALLERGY NKDA

PAGE NO. 1

PATIENT NAME [REDACTED] ID [REDACTED] WING 190

DOCUMENTATION CODES =

| | | |
|-------------------------|----------------|-----------------------|
| IC - Discontinued Order | R - Refused | S - Self Administered |
| IO - Dose Omitted | C - Court | NS - No Show |
| I - Medical Hold | LD - Lock Down | O - Other |

| NURSE'S SIGNATURE | INITIAL | NURSE'S SIGNATURE | INITIAL |
|-------------------|---------|-------------------|---------|
| Lemie Johnson | o | Maria Kamo | o |
| H. L. L. | h | Shohierda | h |
| N. OBALE | N.O | Amir | am |
| P.O. | | Deen | de |
| | | Shirley | sh |
| | | Chitanga | ch |

REMARKS / SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

| | | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------------------------------------------------------------------------------------------------|--|------|-------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| QVAR 80mg ii puffs BID PRN x 90 DAYS N <u>Roby</u> START DATE 10-08-04 STOP DATE 01-08-05 | | | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albuterol MDI ii puffs QID PRN x 90 DAYS N <u>Roby</u> START DATE 10-08-04 STOP DATE 01-08-05 | | | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haldol 10mg IM x 1 dose. N Init. <u>DeLalio</u> START DATE 10/24/04 STOP DATE — | | | 2030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cogentin 1mg IM x 1 dose. N Init. <u>DeLalio</u> START DATE 10/24/04 STOP DATE — | | | 2030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ativan 1mg IM x 1 dose. N Init. <u>DeLalio</u> START DATE 10/24/04 STOP DATE — | | | 2030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| phosphosoda 1.5 fl oz fleet x 1 dose N <u>Roby</u> START DATE 10-25-04 STOP DATE 10-25-04 | | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 fleet Bisacodyl tabs (5mg) x 1 dose N <u>Roby</u> START DATE 10-25-04 STOP DATE 10-25-04 | | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vit. A/D to face BID x 5 DAYS N <u>Roby</u> START DATE 10-26-04 STOP DATE 10-31-04 | | | A P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| N Init. | START DATE | STOP DATE |
| ALLERGY | NKDA | |
| AGNOSIS | 190 787 | |
| PATIENT NAME | [REDACTED] WING [REDACTED] | |
| DOCUMENTATION CODES = | <div> <div>IC - Discontinued Order</div> <div>IO - Dose Omitted</div> <div>I - Medical Hold</div> </div> <div> <div>R - Refused</div> <div>C - Court</div> <div>LD - Lock Down</div> </div> <div> <div>Self Administered</div> <div>NS - No Show</div> <div>O - Other</div> </div> | |

NURSE'S SIGNATURE: Deb Rodenberry

INITIAL: DR

NURSE'S SIGNATURE: Ann Swanson RN

INITIAL: AS

PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

Facility Name

DCC

Month/Year

10/04

STDT02

| | | | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|--------------------------------------------------------------------------------------------|--|--|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| QVAR MDI 2 puffs BID PRN Rodgers IN Init. START DATE 9/28/04 STOP DATE 9/28/05 | | | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albuterol MDI 2 puffs QID PRN Rodgers IN Init. START DATE 9/28/04 STOP DATE 11/28/05 | | | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QVAR MDI 2 puffs BID PRN Rodgers IN Init. START DATE 10-4-04 STOP DATE 02-04-05 | | | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albuterol MDI 2 puffs QID PRN Rodgers IN Init. START DATE 10-4-04 STOP DATE 02-04-05 | | | P R N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N Init. START DATE STOP DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ALLERGY

NKda

DIAGNOSIS

DOB [REDACTED]

PATIENT
NAME

[REDACTED]

ID

[REDACTED]

WING

191

DOCUMENTATION CODES =

C - Discontinued Order

R - Refused

S - Self Administered

O - Dose Omitted

C - Court

NS - No Show

- Medical Hold

LD - Lock Down

O - Other

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

Lu Dawn Ross, RN
Ann Swanson RN

AS

Lu Dawn Ross, RN

PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

Month/Year 9/04

STDY0%

| | | | | | | | |
|----------------------------------------------------------------|------------|--------------------------------------------|------------|----------------------------------------------------------------------------------------------|---------|-------------------|---------|
| ALLERGY | NKDA | | | NURSE'S SIGNATURE | INITIAL | NURSE'S SIGNATURE | INITIAL |
| DIAGNOSIS | C | | | | | N. Parker RN | NP |
| PATIENT NAME | [REDACTED] | ID | [REDACTED] | WING | | | |
| DOCUMENTATION CODES = | | | | Lu Dawn Rossy RN PHARMACY SUGGESTIONS / RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS | | | |
| C - Discontinued Order O - Dose Omitted I - Medical Hold | | R - Refused C - Court LD - Lock Down | | S - Self Administered NS - No Show O - Other | | | |

PHYSICIAN'S ORDER SHEET

START

noted
10/13/05
13/05

11/13/05
11:12pm

Remove restraints.
Maintain level of observation only.

At Risperdal 4mg po bid x (90)

[Signature]

START NEW ORDERS BELOW

START

START NEW ORDERS BELOW

START

NAME Lindsey Gerson

ALLERGIES C

ID 326202

DOB 2/17/82

PHYSICIAN'S ORDER SHEET

ORDERS: Another brand of a potentially hazardous product may be administered.

START

110600
C. Karysh
1/10/05
Cepacol Throat Lozenges T Q6⁰
QNT x 7d.

START NEW ORDERS BELOW

START

1/13/05

0950

Place IM on level II
psychiatric observations

Robert Davis, RN, MSW

1/13/05

0950 noted - R. Davis, RN, MSW

START NEW ORDERS BELOW

START

1/13/05

1342

PLACE IM IN 4PT. RESTRAINTS FOR
SAFETY TO SELF (IM INFLICTED
MULTIPLE LACERATIONS TO @ FOREARM
4PT. RESTRAINTS FOR MAX OF 8 HRS.
~~HALDOL 10MG. PO Q6⁰ @ ERROR KIT~~
HALDOL 10MG. PO 11M Q6⁰ PRN
COGENTIN 2MG. PO 11M Q6⁰ PRN FOR
AGITATED OR SELF HARM BEHAVIORS.

V/O DL. LAMAN - R. Davis, RN, MSW

1/13/05

1342 noted - R. Davis, RN, MSW

NAME

ALLERGIES

None

ID

DOB

PHYSICIAN'S ORDER SHEET

START 12/17/04
1030

Δ to level III & observation

Robert Davis, RN, MSW

12/17/04

1030 noted - R. Davis, RN, MSW

START NEW ORDERS BELOW

START

QUAR D/C

Albuterol MDI 2 puffs QID PRN
X 90d.

START NEW ORDERS BELOW

START

① V CBC, fasting glucose panel within 2 weeks.
② note refusal form on chart for CBC visit

NAME

ALLERGIES

ID

DOB